

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032601

Entity Name: FLORIDA MATTRESS, LLC

Current Principal Place of Business:

13560 TAMIAMI TRAIL N
NAPLES, FL 34110

Current Mailing Address:

15275 COLLIER BLVD N
201-162
NAPLES, FL 34119 US

FEI Number: 26-4625026

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MR
Name LECOMPTE, JERRY
Address 2901 INLET COVE LANE W
City-State-Zip: NAPLES FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JERRY LECOMPTE

MANAGING MEMBER

08/14/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date